

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Emergency Medicine Political Action Committee

ADDRESS (number and street) ▼

1125 Executive Circle

☐ Check if different than previously reported. (ACC)

Irving

TX

75038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00140061

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

TX

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Phyllis Edans CPA, CAE

Signature of Treasurer

Phyllis Edans CPA, CAE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2012</div>		<div>798835.64</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>544833.14</div>	
(c) Total Receipts (from Line 19)	<div>27583.81</div>	<div>890262.17</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>572416.95</div>	<div>1689097.81</div>
7. Total Disbursements (from Line 31).....	<div>273510.34</div>	<div>1390191.20</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>298906.61</div>	<div>298906.61</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8055.71	444726.00
(ii) Unitemized	19528.10	435212.24
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27583.81	879938.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	27583.81	884938.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	823.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	27583.81	890262.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	27583.81	890262.17

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	2000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	2000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	993500.00
24. Independent Expenditures (use Schedule E)	203461.65	376531.65
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	145.00	1360.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	145.00	1360.00
29. Other Disbursements	403.69	16799.55
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	273510.34	1390191.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	273510.34	1390191.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27583.81	884938.24
34. Total Contribution Refunds (from Line 28(d))	145.00	1360.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27438.81	883578.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	2000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	2000.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

Response to letter dated May 31, 2012 regarding missing data on independent expenditures sent on the 30 Day Post General Report dated 10/18-11/28/13.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 05 / 2012

Transaction ID : C1861877

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Brien Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Med Ctr Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.81

Date of Receipt

11 / 05 / 2012

Transaction ID : C1861876

Amount of Each Receipt this Period

83.40

Full Name (Last, First, Middle Initial)

C. Timothy Paul Barron

Mailing Address 9435 Mount Vernon Cir

City

Alexandria

State

VA

Zip Code

22309-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer

United States Army

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 19 / 2012

Transaction ID : C1873132

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

283.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gay Benevides

Mailing Address 107 Perth Ct

City State Zip Code
 Cary NC 27511-6534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868805

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jill Lynn Benson

Mailing Address 105 Phacelia Way

City State Zip Code
 Cary NC 27518-8951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868806

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Terrence Dean Brayboy

Mailing Address 52 Dogwood Acres Dr

City State Zip Code
 Chapel Hill NC 27516-3139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868826

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory Cannon

Mailing Address 129 Loch Pointe Dr

City State Zip Code
 Cary NC 27518-8418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : C1868807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marcel A Cesar

Mailing Address PO Box 180253

City State Zip Code
 Delafield WI 53018-0253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Specialists S.C.

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : C1863972

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Cetta

Mailing Address 16 Piney Glen Ct

City State Zip Code
 Potomac MD 20854-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : C1873136

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerfi David Cicin

Mailing Address 104 Corsica Ln

City	State	Zip Code
Cary	NC	27511-6476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2012

Transaction ID : C1868808

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jeffrey J Cook

Mailing Address 2520 Umbria Ct

City	State	Zip Code
Apex	NC	27502-9618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2012

Transaction ID : C1868829

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Sarah Michel Dooley

Mailing Address 211 SW 129th Ter

City	State	Zip Code
Newberry	FL	32669-2783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2012

Transaction ID : C1868603

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan M Dowden

Mailing Address 2080 Silver Maple Trl

City

North Liberty

State

IA

Zip Code

52317-4765

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Central Iowa Acute Care, LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 01 / 2012

Transaction ID : C1865554

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Olly C Duckett

Mailing Address 325 Meeting House Cir

City

Raleigh

State

NC

Zip Code

27615-3133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868809

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Angela F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

10 / 24 / 2012

Transaction ID : C1860097

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

358.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brent F Gardner

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860098

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DANIEL C GEARY

Mailing Address 142 Woodshire Rd

City

Pittsburgh

State

PA

Zip Code

15215-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

DOCTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860096

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Ken John Gramyk

Mailing Address PO Box 729

Lake Pend Oreille Emer Med

City

Sagle

State

ID

Zip Code

83860-0729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Pend Oreille Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C1861342

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

358.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrea L Green

Mailing Address 22428 Springflower Dr

City State Zip Code
Golden CO 80401-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860116

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Amy Griffin

Mailing Address 220 Midden Way

City State Zip Code
Holly Springs NC 27540-6842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : C1868810

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Jerry Guzik

Mailing Address 1006 Crown Ct

City State Zip Code
Mahwah NJ 07430-3250

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : C1859649

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. PJ Hamilton-Gaertner

Mailing Address 580 Vista Del Lago Ln

City

Wake Forest

State

NC

Zip Code

27587-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Henry

Mailing Address 16 Mystic Lane

City

Northport

State

NY

Zip Code

11768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook Emergency Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2012

Transaction ID : C1861518

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.67

Date of Receipt

10 / 24 / 2012

Transaction ID : C1860101

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

608.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Hodge

Mailing Address 3105 Dobie Rd

City
Mason

State
MI

Zip Code
48854-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860099

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Arwyn E Hood

Mailing Address 1027 NE 95th St

City
Seattle

State
WA

Zip Code
98115-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tacoma Emer Care Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : C1850985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Hans Roberts House

Mailing Address 200 Hawkins Dr
Univ of IA Hosps & Clncs

City
Iowa City

State
IA

Zip Code
52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of IA Hosps & Clncs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860100

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 47
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Raymond Iannaccone

Mailing Address 25 Oakwood Rd

City	State	Zip Code
Allendale	NJ	07401-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raymond Iannaccone

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1349.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2012

Transaction ID : C1860110

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Kathleen Ann JobeMailing Address 1959 NE Pacific St
UWMC ED Med Dir

City	State	Zip Code
Seattle	WA	98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UWMC ED Med Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2012

Transaction ID : C1861428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City	State	Zip Code
Haymarket	VA	20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2012

Transaction ID : C1860102

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

433.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEVEN B KAILES

Mailing Address 3780 Waterside Dr

City

Orange Park

State

FL

Zip Code

32073-6982

FEC ID number of contributing
federal political committee.

C

Name of Employer

TITAN EMERGENCY GROUP

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860094

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven A Katz

Mailing Address 1002 Stratford Ave

City

Elkins Park

State

PA

Zip Code

19027-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : C1873123

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Brian M Kelley

Mailing Address 6114 Schooner Ct

City

New Bern

State

NC

Zip Code

28560-9043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gaston Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Faiz A Khan

Mailing Address 40 Melrose Rd

City State Zip Code
Dix Hills NY 11746-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naussau Univ Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : C1850983

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gautam Khandelwal

Mailing Address 3229 Corsham Dr

City State Zip Code
Apex NC 27539-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : C1868812

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Brian Alan Krakover

Mailing Address 18451 Rogers Pike

City State Zip Code
San Antonio TX 78258-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Womack Army Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860111

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

358.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anita J L'Italien

Mailing Address 1085 Tacketts Pond Dr

City Raleigh State NC Zip Code 27614-7887

FEC ID number of contributing federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868813

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David L Leader Jr

Mailing Address 1937 Partridge Berry Dr

City Raleigh State NC Zip Code 27606-9695

FEC ID number of contributing federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868814

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Heather K Lewis

Mailing Address 2001 Shingleback Dr

City Wake Forest State NC Zip Code 27587-6554

FEC ID number of contributing federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868833

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 47
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Roland Magill

Mailing Address 3304 Winnipeg Dr

City

Bismarck

State

ND

Zip Code

58503-0455

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Alexius Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : C1850975

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gerald Eugene Maloney

Mailing Address 29201 Inverness Dr

City

Bay Village

State

OH

Zip Code

44140-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals of Cleveland

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : C1860112

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Courtney H Mann

Mailing Address 12317 Beestone Ln

City

Raleigh

State

NC

Zip Code

27614-8027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

Transaction ID : C1868815

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erik A Manning

Mailing Address 3100 Birnamwood Rd

City Raleigh State NC Zip Code 27607-6702

FEC ID number of contributing federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868816

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David T Maxwell

Mailing Address 1138 Bridle Dr

City Richland State WA Zip Code 99352-7764

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. David T Maxwell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

11 / 12 / 2012

Transaction ID : C1868620

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. Rodney L McCaskill

Mailing Address 3120 Whitehart Ln

City Apex State NC Zip Code 27539-5683

FEC ID number of contributing federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868828

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

58.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah McCullough

Mailing Address 3304 Winnipeg Dr

City

Bismarck

State

ND

Zip Code

58503-0455

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Alexius

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1850972

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cary Crane McDonald

Mailing Address 106 Juniper Pl

City

Chapel Hill

State

NC

Zip Code

27514-9576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868817

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. James Merritt

Mailing Address 510 Lindo Johnson Rd

City

Pittsboro

State

NC

Zip Code

27312-8028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868818

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. J Brent Myers

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868831

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Charles Niziol

Mailing Address 2815 Kings Forest Dr

City

Kingwood

State

TX

Zip Code

77339-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laredo Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1861313

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Charles Niziol

Mailing Address 2815 Kings Forest Dr

City

Kingwood

State

TX

Zip Code

77339-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laredo Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 01 / 2012

Transaction ID : C1865521

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rebecca B Parker

Mailing Address 423 Engel Blvd

City

Park Ridge

State

IL

Zip Code

60068-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Rebecca B Parker

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Swapnesh M Patel

Mailing Address 314 Felspar Way

City

Cary

State

NC

Zip Code

27518-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : C1868819

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Carmella Percy

Mailing Address 1007 Bailey Kendall Way

City

Belmont

State

NC

Zip Code

28012-6526

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUCOM/Doctors Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860093

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 47
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City State Zip Code
Durham NC 27707-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : C1868820

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jennifer L Raley

Mailing Address 5408 Amsterdam Pl

City State Zip Code
Raleigh NC 27606-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : C1868827

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Geoffrey E Renk

Mailing Address 32 Charlotte St

City State Zip Code
Charleston SC 29403-6330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours/St Francis Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : C1860118

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 47
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew M Rice

Mailing Address 8320 Goodman Dr NW

City State Zip Code
 Gig Harbor WA 98332-9564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : C1873111

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Julio E Rios

Mailing Address 3101 marler

City State Zip Code
 Pike Road AL 36064-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : C1861400

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David H Rosenbaum

Mailing Address 2112 Fallon Oaks Ct

City State Zip Code
 Raleigh NC 27608-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : C1868830

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Samy Rizkallah Saad

Mailing Address 300 Glade Park Rd

City	State	Zip Code
Cary	NC	27518-8685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			15			2012					

Transaction ID : C1868821

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ANDREW SAMA

Mailing Address 253 Dover Rd

City	State	Zip Code
Manhasset	NY	11030-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANDREW SAMA

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			24			2012					

Transaction ID : C1860114

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Sandra M Schneider

Mailing Address 25 Stoneham Rd

City	State	Zip Code
Rochester	NY	14625-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			07			2012					

Transaction ID : C1862165

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ▶

198.33

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGIL SMALTZ

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1860113

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGIL SMALTZ

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C1861405

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. Graham Edwin Snyder

Mailing Address 2520 Kenmore Dr

City

Raleigh

State

NC

Zip Code

27608-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : C1868822

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

116.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cindy Joan Spier

Mailing Address 1116 Iron Springs Ct

City

Indianapolis

State

IN

Zip Code

46240-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Emerg.physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : C1859291

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Geeta Subramaniam

Mailing Address 106 Lendl Ct

City

Cary

State

NC

Zip Code

27511-6694

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : C1868823

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Paul Swiersz

Mailing Address 807 Landuff Ct

City

Cary

State

NC

Zip Code

27519-8837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : C1868824

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J Utecht

Mailing Address 8608 Humie Olive Rd

City

State

Zip Code

Apex

NC

27502-8976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wake Emer Phys PA

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868825

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Vivian L L Weinberger

Mailing Address 326 Washington St
326 Washington St

City

State

Zip Code

Norwich

CT

06360-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

William W Backus Hosp

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 26 / 2012

Transaction ID : C1861322

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mark Zeitzer

Mailing Address 8127 SW 54th Ave

City

State

Zip Code

Portland

OR

97219-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Silverton Hospital

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.60

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861417

Amount of Each Receipt this Period

8.00

SUBTOTAL of Receipts This Page (optional)..... ►

133.00

TOTAL This Period (last page this line number only)..... ►

8055.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adam Hasner for US House

Mailing Address 4800 NW Second Avenue, #3

City	State	Zip Code
Boca Raton	FL	33431

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138289

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ann Wagner for Congress

Mailing Address 499 South Capitol Street, SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Ann WagnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : D138621

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bera 2012 Victory Fund

Mailing Address P.O. Box 582496

City	State	Zip Code
Elk Grove	PA	95758

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: CA District: 07

Recount

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2012

Transaction ID : D139435

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Berg for Senate

Mailing Address PO Box 9394

City	State	Zip Code
Fargo	ND	58106

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rick BergCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138599

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BLAINE FOR CONGRESS 2012

Mailing Address PO BOX 125

City	State	Zip Code
HOLTS SUMMIT	MO	65043

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Blaine LuetkemeyerCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138607

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr MD For Congress Inc

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Charles BoustanyCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: LA

District: 07

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2012

Transaction ID : D139433

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR A DEMOCRATIC FUTURE

Mailing Address 25 ROYDON ROAD

City	State	Zip Code
New Haven	CT	06511-2806

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
annual contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : D138722

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Danny Tarkanian for Congress

Mailing Address 7220 S. Cimarron Road

City	State	Zip Code
Las Vegas	NV	89113

Purpose of Disbursement
VOID CK#8477 11/1/12

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

Transaction ID : D138802

Amount of Each Disbursement this Period

-2500.00

VOID CK#8477 11/1/12

Full Name (Last, First, Middle Initial)

C. Danny Tarkanian for Congress

Mailing Address 7220 S. Cimarron Road

City	State	Zip Code
Las Vegas	NV	89113

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : D138720

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATS UNITED TO CHANGE AND HOPE PAC (DUTCH PAC)Mailing Address 499 S. Capitol Street, SW
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual PAC contribut

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138290

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Friends of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138287

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gillan for Congress

Mailing Address P.O. Box 1978

City Billings State MT Zip Code 59103

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Kim GillanOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138600

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jackie Walorski for CongressMailing Address 499 S. Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : D138615

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JET PAC

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Annual PAC Contribut

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138306

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Manchin for West Virginia

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138308

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. MILL TO THE HILL PAC

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual PAC contribut

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138291

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. NewDem PACMailing Address 607 14th Street, NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual PAC Contribut

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138304

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. People for Derek Kilmer

Mailing Address P.O. Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Derek Kilmer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WA District: 06

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138288

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City Totowa	State NJ	Zip Code 07511
----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NJ	District: 08

Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138601

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LATTA FOR CONGRESS

Mailing Address P.O. Box 106

City Bowling Green	State OH	Zip Code 43402
-----------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Bob Latta

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 05

Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138608

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul St.

City Kensington	State MD	Zip Code 20895
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Chris Van Hollen

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MD	District: 08

Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138310

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. GARAMENDI FOR CONGRESS

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.

City	State	Zip Code
LONG BEACH	CA	90807

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John GaramendiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : D138721

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. Box 730

City	State	Zip Code
Honeoye	NY	14471

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Louise M. SlaughterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : D138616

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESSMailing Address 236 Massachusetts Ave NE
Ste 603

City	State	Zip Code
Washington	DC	20002-4971

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Mike ThompsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138292

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. RIBBLE FOR CONGRESS

Mailing Address PO BOX 7200

City
APPLETONState
WIZip Code
54912Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Reid RibbleCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138609

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ROB ANDREWS U.S. HOUSE COMMITTEE

Mailing Address 215 Fourth Avenue

City
Haddon HeightsState
NJZip Code
07076Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Robert E. AndrewsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : D138719

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Mailing Address 2345 Grand, Suite 2400

City
Kansas CityState
MOZip Code
64108Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Sam GravesCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138307

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capito for West Virginia

Mailing Address 1006 Pendleton Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Shelley Moore CapitoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2012

Transaction ID : D139447

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Schock For Congress

Mailing Address PO Box 10555

City Peoria	State IL	Zip Code 61612
----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Aaron SchockOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2012

Transaction ID : D138309

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE	State FL	Zip Code 32935
-------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Bill NelsonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : D138603

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Patty MurrayCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2012

Transaction ID : D139436

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Truth, Accountability & Courage PACMailing Address 228 S. Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Annual PAC Contribut

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138305

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WEDGE PAC

Mailing Address PO Box 680063

City	State	Zip Code
Franklin	TN	37068

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Annual PAC Contribut

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : D138303

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

69500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mercedes Boggs

Mailing Address 696 Oakwood Ave

City	State	Zip Code
State College	PA	16803-2676

Purpose of Disbursement
RFND TO MBR

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138973

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Dr. Sean O'Brien Henderson

Mailing Address 6043 Birdie Dr

City	State	Zip Code
La Verne	CA	91750-1420

Purpose of Disbursement
RFND TO MBR

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2012

Transaction ID : D139598

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. James W McCorry

Mailing Address 3109 Parkside Ln

City	State	Zip Code
Williamsburg	VA	23185-7696

Purpose of Disbursement
RFND TO MBR

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138972

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

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	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

A. Dr. Michael Simonetti

Mailing Address 1125 Maxwell Ln

City	State	Zip Code
Hoboken	NJ	07030-6851

Purpose of Disbursement	REND TO MBR
-------------------------	-------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D138971

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

10.00

TOTAL This Period (last page this line number only).....

145.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
Bank Fees Oct 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : D139446

Amount of Each Disbursement this Period

403.69

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

403.69

403.69

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00140061 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee Mullen and Company		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address Suite 600 1101 Pennsylvania Ave., NW		Amount 48134.65	
City Washington	State DC	Zip Code 20037	Transaction ID : D138524
Purpose of Expenditure Independent Expenditure - UT/MATHESON RADIO AIRTIME		Category/ Type 011	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Jim Matheson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48134.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mullen and Company		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address Suite 600 1101 Pennsylvania Ave., NW		Amount 52656.45	
City Washington	State DC	Zip Code 20037	Transaction ID : D138525
Purpose of Expenditure Independent Expenditure- CA/RUIZ RADIO AIRTIME		Category/ Type 011	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36
Name of Federal Candidate Supported or Opposed by Expenditure: Raul Ruiz		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 52656.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100791.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phyllis Edans CPA, CAE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
 06 / 06 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00140061 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee Mullen and Company		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address Suite 600 1101 Pennsylvania Ave., NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 48133.50 </div>	
City Washington	State DC	Zip Code 20037	Transaction ID : D138526
Purpose of Expenditure Independent Expenditure- CT/MURPHY FOR SENATE RADIO AIRTIME		Category/ Type 011	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Chris Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 48133.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Mullen and Company		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address Suite 600 1101 Pennsylvania Ave., NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 34537.05 </div>	
City Washington	State DC	Zip Code 20037	Transaction ID : D138527
Purpose of Expenditure Independent Expenditure-MT/TESTER RADIO AIRTIME		Category/ Type 011	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 34537.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">82670.55</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phyllis Edans CPA, CAE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00140061 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee DMI Direct		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1145 W Collins Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 20000.00 </div>	
City Orange	State CA	Zip Code 92867-5445	Transaction ID : D139524 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Independent Expenditure - mail		Category/ Type 011	Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Charles Boustany
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 20000.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 20000.00 </div>	
City	State	Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure		Category/ Type	Name of Federal Candidate Supported or Opposed by Expenditure:
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 20000.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">203461.65</div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">203461.65</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phyllis Edans CPA, CAE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature